ACCESS TO PUBLIC RECORDS REQUEST REQUEST NO.____

NAME	PHONE
ADDRESS	
DATE OF REQUEST	TIME OF REQUEST
INFORMATION REQUESTED	
Signature of Requestor: (Please Note: .50 fee will be charged	
(Please Note: .50 fee will be charged ************************************	for each page copied) ************************************
INTE	R-OFFICE USE
DATE AND TIME REQUEST REC	EIVED
EMPLOYEE RECEIVING REQUES	ST
	-DISCLOSABLE INFORMATION EDITED BY
DATE AND TIME RECORD RELE	ASED
RELEASED	
BY	
pages at .50 =	Date

(Prepared pursuant to IN CODE 5-14-3)